

TRANSMITTAL FORM

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Stylesheet Version: 1.0

Attorney Docket Number: 1284-001

GASTROSTOMY TUBE BAND

First Named Inventor: Mrs. Joan Clayton

SUBMITTED BY

Name: Ms. JiNan Glasgow Esq.
Registration Number: 42585
Electronic Signature Mark: /jg Date Signed: 20010927

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Attached Files:

bibd-transmittal	1284001apds.xml
fee-transmittal	1284001fee.xml
specification	Spec1284001.xml
declaration	Dec1284001P1.tif
declaration	Dec1284001P2.tif

Attached Image File(s):

Dec1284001P1.tif

Dec1284001P2.tif

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FEE TRANSMITTAL

Electronic Version 1.0.4

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Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 355

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 1027
Expiration Date: 20031130
Authorized Name: Guy R Beretich
Billing Address: 27611

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 19	203	\$ 9	0	\$ 0
Independent Claims: 2	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0